



RECEIVED

Approved for use through 10/31/2002. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>FEE TRANSMITTAL</b> for FY 2001		C mplet if Kn wa	
		Technology Center 2100	
Patent fees are subject to annual revision.		Application Number	09/517,874
		Filing Date	March 2, 2000
		First Named Inventor	Swain W. Porter
		Examiner Name	Not yet assigned
		Group Art Unit	2773
		Attorney Docket No.	41003.P013X
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$ ) 0.00	

<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>																																											
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit Account Number: 501569 Deposit Account Name: Columbia IP Law Group, LLC  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. <b>ADDITIONAL FEES</b>																																											
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																													
<b>FEE CALCULATION</b>																																													
<b>1. BASIC FILING FEE</b>																																													
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td>(\$ )</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	101	710	201	355	Utility filing fee		106	320	206	160	Design filing fee		107	490	207	245	Plant filing fee		108	710	208	355	Reissue filing fee		114	150	214	75	Provisional filing fee		<b>SUBTOTAL (1)</b>					(\$ )		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																								
101	710	201	355	Utility filing fee																																									
106	320	206	160	Design filing fee																																									
107	490	207	245	Plant filing fee																																									
108	710	208	355	Reissue filing fee																																									
114	150	214	75	Provisional filing fee																																									
<b>SUBTOTAL (1)</b>					(\$ )																																								
<b>2. EXTRA CLAIM FEES</b>																																													
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td></td><td>-20**=</td><td>X</td><td></td></tr><tr><td>Independent Claims</td><td>-3**=</td><td>X</td><td></td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid		-20**=	X		Independent Claims	-3**=	X		Multiple Dependent																															
Total Claims	Extra Claims	Fee from below	Fee Paid																																										
	-20**=	X																																											
Independent Claims	-3**=	X																																											
Multiple Dependent																																													
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in Excess of 20</td><td></td></tr><tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td>(\$ )</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in Excess of 20		102	80	202	40	Independent claims in excess of 3		104	270	204	135	Multiple dependent claim, if not paid		109	80	209	40	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					(\$ )		
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid																																								
103	18	203	9	Claims in Excess of 20																																									
102	80	202	40	Independent claims in excess of 3																																									
104	270	204	135	Multiple dependent claim, if not paid																																									
109	80	209	40	** Reissue independent claims over original patent																																									
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																									
<b>SUBTOTAL (2)</b>					(\$ )																																								
**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid																																											
		<b>SUBTOTAL (3)</b> (\$ )																																											

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Aloysius T.C. AuYeung	Registration No. (Attorney/Agent)	35,432
Signature		Telephone	503-534-2800
		Date	2/23/01

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

MAR 05 2001

Technology Center 2100

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:

Swain W. Porter

Application No.: 09/517,874

Filed: March 2, 2000

For: EXCLUSIVE USE DISPLAY  
SURFACE AREAS AND  
PERSISTENTLY VISIBLE  
DISPLAY OF CONTENTS  
INCLUDING ADVERTISEMENTS



Examiner: Not yet assigned

Art Group: 2773

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed Commissioner for Patents, Washington, DC 20231 on:

Date of Deposit: February 23, 2001

Name of Person Mailing: MICHELE TURNER

Signature: [Signature] Date: 2.23.01

COMMISSIONER FOR PATENTS  
WASHINGTON, DC 20231

**INFORMATION DISCLOSURE STATEMENT**

Sir:

This Information Disclosure Statement is being submitted pursuant to 37 C.F.R. § 1.97(b). Enclosed is Form PTO-1449, including copies of the art listed therein.

The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made and is not to be construed as an admission that the information cited in this statement is material to patentability.

If any additional fee is required, please charge Deposit Account No. 501569. A Fee Transmittal is enclosed in duplicate for deposit account charging purposes.

Respectfully submitted,  
COLUMBIA IP LAW GROUP, LLC

Dated: 2/23, 2001

[Signature]  
Aloysius T.C. AuYeung  
Registration No. 35,432

4900 SW Meadows Road, Suite 109  
Lake Oswego, Oregon 97035  
503-534-2800